

Case Number:	CM14-0160515		
Date Assigned:	10/06/2014	Date of Injury:	12/28/2006
Decision Date:	11/24/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/30/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Ohio . He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 58 year old male whose date of injury was 12/28/2006. He complains of right knee pain, locking, and swelling, right foot pain, and low back pain as a result of altered gait. He has had 4 knee surgeries, the most recent being 11-19-2013 when he had an arthrotomy, debridement, removal of hardware, and lysis of adhesions. He is being considered for a total right knee replacement but this has been delayed as a result of severe hypertension. The physical exam reveals diminished right knee range of motion, a positive McMurray's and Apley's sign, and tenderness to palpation of the joint lines and the tibial plateau. The diagnoses include a torn medial meniscus, degenerative right knee arthritis, bunion, and back pain, tenosynovitis of the right foot/ankle, depression, and hypertension. His blood pressure has been as high as 200 systolic. The injured worker has been known to be taking hydrochlorothiazide for hypertension. At issue, is a request for a pre-operative cardiology clearance and pre-operative physical therapy (12 visits) ahead of his total knee replacement. He appears to have had 2 physical therapy visits after his 11-19-2013 knee surgery, although no notes have been included from physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

PT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Knee, Physical medicine treatment

Decision rationale: The referenced guidelines allow for 9 physical therapy visits over 8 weeks for articular cartilage knee disorders. The request is for 12 sessions of physical therapy for the right knee to improve strengthening and flexibility. Therefore, because the requested number of visits exceeds applicable guidelines, 12 sessions of physical therapy for the right knee is not medically necessary.

CARDIAC CLEARANCE: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Low Back

Decision rationale: Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. In this instance, the injured worker has poorly controlled hypertension. He requires preoperative assessment with at least an electrocardiogram. As the treating physician is an orthopedist, this must necessarily be accomplished by an internist or cardiologist. Additionally, the injured worker's blood pressure should be brought under better control ahead of surgery. Therefore, a preoperative cardiac clearance is medically necessary.